



A Winning Team

Your Uniform Health Care Program
For Year 2004 – **Traditional Choice®**



The Department of Defense
Nonappropriated Fund
Health Benefits Program



Welcome to Traditional Choice— For Quality, Affordable Health Care

The Department of Defense is pleased to offer Nonappropriated Fund (NAF) employees and retirees a traditional indemnity medical plan called Traditional Choice. Traditional Choice allows you to select any licensed physician you wish when you need care. Once you meet the annual deductible, the plan typically pays a percentage of the expense (usually 80%) based on reasonable and customary charges, and you pay the balance (usually 20%). This is called “coinsurance.” To be reimbursed for covered expenses, you must first submit a claim form to Aetna, our claims administrator.*

Using Your Plan

Traditional Choice is easy to use as long as you follow these plan basics:

Plan Basic #1

Meeting the deductible

Under the plan, you must first meet an annual medical deductible. The deductible is the amount you must pay out of your own pocket each year before the plan begins to pay benefits. After you meet the plan deductible, you and the plan share the cost of covered services. This arrangement is called coinsurance. The plan pays a percentage of the reasonable and customary cost of covered services, and you pay the balance. The reasonable and customary cost is the prevailing rate for the service in your geographic area.

Annual Plan Deductible

Individual	\$200
Family	\$600



Plan Basic #2

Using your Traditional Choice ID card

You will receive an identification card that displays your name, the toll-free Aetna Member Services telephone number, and a brief summary of benefits, including your prescription drug copay information. You should keep your ID card with you at all times and show it when you visit the doctor's office. You will also need to show your ID card when you have prescriptions filled at participating pharmacies in the United States. It identifies you as a member of Traditional Choice.

Plan Basic #3

Getting a head start with 100% coverage of preventive care

Unlike many standard indemnity plans, Traditional Choice includes coverage for preventive care. The following services are covered at 100% of reasonable and customary charges with no deductible:

- One annual routine physical exam, age seven and over
- Well-baby care to age seven, including doctor visits and immunizations
- One annual routine gynecological exam, including Pap test and lab fees
- One annual mammogram for women age 35 and over
- One annual prostate screening for men age 40 and over

Plan Basic #4

Understanding precertification

Precertification is the advance review of a hospital admission to ensure that the setting and length of stay are appropriate to the diagnosis. If your doctor recommends a hospital stay, *you must initiate the precertification process* by calling Member Services at least 14 days before you are admitted to the hospital. *If you do not call Member Services to precertify a hospital admission, you will be required to pay a penalty of \$500.* The precertification requirement is waived for hospital care received overseas.

* Traditional Choice is administered by Aetna Life Insurance Company.

Plan Basic #5

Getting emergency care

If you have a medical emergency, get the care you need immediately. Then you, or someone acting on your behalf, should call Member Services within 48 hours to certify the admission. Benefits are paid at your plan's coinsurance level after you've met your deductible. To help contain your costs, you are encouraged to use the emergency room for true emergencies only. A true emergency is a severe illness or accident that could cause serious health risk or death if not treated immediately. Examples include: bleeding that will not stop, compound bone fractures, loss of consciousness, stroke and severe chest pains.

Traditional Choice includes coverage for preventive care.

Routine annual physical exams are covered at 100%.

Well-Baby Care to age 7 is covered at 100%, including immunizations.

Plan Basic #8

The out-of-pocket limit

Traditional Choice has an annual out-of-pocket maximum that limits your expenses and protects you from the high cost of a serious illness or injury. Once your deductible and coinsurance combined reach this annual limit, the plan pays 100% of reasonable and customary covered expenses for the remainder of the plan year.

Annual Out-of-Pocket Limit

Individual	\$2,000
Family	\$6,000

Plan Basic #6

Covering dependents who live away from home

If a covered child does not live with you, either because he or she is away at school or living with another parent, benefits are paid the same as if your child lived with you. He or she should obtain medical care from any licensed doctor or health care facility and submit a claim to Aetna for reimbursement.

Plan Basic #7

Getting care when you are away from home

When you are away from home and need medical care, you'll receive benefits for covered services just as if you were at home. After you receive the care you need, complete a claim form and submit it to Aetna for reimbursement.

Plan Basic #9

Call Aetna Member Services

Here's a great plan feature, one you can use often. It's Aetna Member Services, a toll-free information service. Call Member Services at 1-800-367-6276 for answers to many kinds of questions — *confidentially*. You will speak to an Aetna representative and anything you tell the representative is kept completely private.

Here are just a few of the many reasons you will want to call Member Services:

- For information about benefits under your plan
- For answers to general health questions
- To check the status of a claim
- To precertify hospital care

You can call Member Services from 8 a.m. to 6 p.m. Monday through Friday, Central time. You may also call after hours and use Aetna's Voice Advantage® service to obtain certain information.



Prescription Drug Benefits

Your prescription drugs will be covered under Aetna's Three-Tier Pharmacy Program. The program features three copay levels:

- The lowest copay level is \$10 for a 30-day supply of generic drugs included in Aetna's formulary.
- The middle copay level is \$20 for a 30-day supply of brand-name drugs included in Aetna's formulary.
- The highest copay level is \$30 for a 30-day supply of drugs that are not included in Aetna's formulary.



100% coverage for one annual routine gynecological exam, including Pap test and lab fees.

100% coverage for one annual mammogram for women age 35 and over.

How do you know which copay goes with which drug? After you enroll, you will receive Aetna's Formulary Guide, which lists over 900 drugs and the copay level for each one. All drugs in the Aetna formulary have been approved by the Food and Drug Administration as safe and effective. For additional information about Aetna's formulary, go to www.aetna.com or call Member Services.

Using the plan

The three-tier copay structure applies to prescriptions filled at participating retail pharmacies located in the United States as well as to prescriptions filled through the Aetna Rx Home DeliverySM Program. Here's how these programs work:

- **The Participating Pharmacy Program for up to a 30-day supply of prescription medication**

Take your prescription and your Aetna medical plan ID card to any participating pharmacy located in the United States. Your copay is payment in full at the time of purchase. There are no claim forms to complete, participating pharmacists file claim forms electronically for you. If they have any questions, they can call Aetna's toll-free 24-hour provider helpline for answers.

To find a participating pharmacy nearby, visit DocFind at www.aetna.com, call Member Services or refer to the pharmacy provider directory. The network includes over 50,000 chain and local independent pharmacies. That's 82% of all pharmacies.

Please note: There is no coverage for prescription drugs purchased at non-participating pharmacies in the United States.

- **Aetna Rx Home DeliverySM Program for a 31- to 90-day supply of prescription medication**

Use Aetna's mail-order program for medications you need on a regular, long-term basis. You may order up to a 90-day supply for a single copay and have the prescription sent to your home address. If you have questions about your prescription, program pharmacists are available to answer them. Mail-order pharmacies use the same quality checks on prescriptions as participating retail pharmacies. For more information, call the Member Services number on your ID card, which you will receive upon enrollment.

It's always a good idea to tell your pharmacist about your other medications when having a new prescription filled. Pharmacists can tell you if there is a risk of harmful drug interactions. What's more, pharmacists in both programs have access to Aetna's claim processing system and can review other covered drugs filled through an Aetna prescription plan to identify interaction issues.

What are you willing to pay?

In some cases, treatment requires a brand-name drug. In other cases, the choice is yours. Ask your doctor if the medication he or she prescribes is a covered brand-name or generic drug and whether it's included in Aetna's formulary. You may be able to have your prescription filled with a formulary generic drug at \$10 instead of paying two to three times that for a brand-name drug.

Generic drugs must meet the same FDA standards for safety and effectiveness as their brand-name counterparts. Generic drugs must:

- Contain the same active ingredients in the same amount as the brand-name equivalent
- Carry the same label information as the brand name equivalent

Prescriptions obtained overseas

For prescriptions filled overseas, the Three-Tier Pharmacy Program is available *only* for long-term prescriptions (up to a 90-day supply) that you order through the Aetna Rx Home DeliverySM Program. In order to use the mail-order service, prescriptions must be issued by a doctor licensed to practice in the United States. Also, prescriptions must be sent to an APO/FPO mailing address.

While you are overseas, short-term prescriptions (up to a 30-day supply) should be filled at your local pharmacy. Coverage is as follows:

- 100% after deductible for generic drugs
- 80% after deductible for brand-name drugs

You will need to submit a claim form to be reimbursed for your covered expenses.

Vision One® Discount Program

You and your covered dependents will be automatically enrolled in the Vision One Discount Program when your Traditional Choice coverage takes effect. Vision One offers discounts of 20-70% on eyeglasses, contact lenses, nonprescription sunglasses,



100% coverage for one annual prostate screening for men age 40 and over.

Benefits include one routine annual eye exam and hearing exam.

contact lens solutions and accessories. To receive discounts, visit any Vision One location and show your medical plan ID card. The discount will be applied at the time of purchase. For more information or to find the nearest Vision One location, call 1-800-793-8616 weekdays from 9 a.m. to 9 p.m. or on Saturdays from 9 a.m. to 5 p.m. Eastern time. See the enclosed pamphlet for more information about the Vision One Program.

Alternative Health Care Programs

If you and your covered dependents wish to receive chiropractic care (beyond your medical plan coverage), acupuncture, massage therapy or nutrition counseling, the Natural Alternatives™ program can help you save money. This discount program is available to you automatically once you enroll in Traditional Choice. To use the program, you simply visit one of the participating providers, then pay the special discounted fee at the provider's office when you receive the service.

You also receive savings on vitamins, herbal supplements, and health-related books and magazines that you may order through the Vitamin Advantage™ Program.

For further information about these programs and for the names of participating providers in your area, call Member Services or visit Aetna's website at www.aetna.com.

Attention Overseas Employees!

The Vision One and Natural Alternatives Discount Programs rely on *stateside* provider networks. As a result, they are not available at overseas locations. However, you are encouraged to take advantage of these programs when you are in the United States. Your covered dependents who live in the United States are welcome to use these programs anytime. Some overseas employees with an APO/FPO mailing address may use the mail-order drug program with a valid prescription from a doctor licensed to practice in the United States.

Dental Plan

If you enroll in Traditional Choice, you may also enroll in the dental plan. The dental plan offers comprehensive coverage and gives you the freedom to use any dentist you wish. However, when you receive dental care from a dentist who belongs to Aetna's dental provider network, you'll pay less for your care. This is called a *Passive Dental Preferred Provider Organization* (PPO).



How does it work? Network dentists have negotiated their fees with Aetna. They generally charge less than non-network dentists, so your share of the smaller amount is less. Network dental providers also file claims for you. When you receive care from a dentist who does *not* participate in Aetna's dental network, your benefits are based on the reasonable and customary charge for that service in your geographic area — which is higher than the negotiated fee.

As a result, your share of the cost may be higher. In addition, you may need to file your own claims with Aetna to be reimbursed for your covered expenses.

To see if your dentist participates in Aetna's network, click on DocFind® at www.aetna.com. If you would like a directory of participating dentists, call Member Services at 1-800-367-6276.

Using a network dentist is voluntary. Either way, the same services are covered. To encourage good dental health, the plan pays 100% for preventive care services, with no deductible. For more advanced care, the plan pays a share of the expense, depending on the service you receive. Please refer to the enclosed Dental Plan Summary of Benefits for information about how dental services are covered under the plan.

If you are overseas

Because the Aetna dental network is not available outside the United States, benefits for dental care received overseas will be based on the traditional dental plan. However, overseas employees and retirees will be able to take advantage of the Passive Dental PPO Plan if they visit the United States and receive dental care from a network dentist.

Aetna Navigator™

Aetna has taken information to a whole new level with its online Aetna Navigator website. This site offers current health and wellness information as well as details about your benefit plan. Just go to www.aetna.com to access this multi-use, interactive website. It's easy to use, secure and private. When you log on, there is a general site and a registered site. To access your *personal* benefits information, you need to complete a simple registration process and select a password. As a registered member, you can customize some of the features of your home page, tailoring it to your individual needs and preferences.

Here are a few of the features you'll find on Aetna Navigator:

Benefits information at your fingertips

Have you ever needed a quick answer to a benefits question? With Aetna Navigator, information is available in seconds. Find out about who's covered for what and the status of a claim. Look up your Member Services telephone number and address. Research health information at home and at your convenience. You even have access to a medical dictionary.

Speedy transactions

Aetna Navigator is also interactive. Use it to request information, send messages to Member Services, provide additional information needed for a claim or request replacement medical ID cards. And, if you need any standard Aetna forms, print them out from Aetna Navigator.

DocFind®

One of Aetna Navigator's premium services is DocFind, Aetna's online provider directory where you can get a wealth of information about participating hospitals, physicians and pharmacies — including maps and directions, a physician's education and languages he or she speaks.

Aetna IntelliHealth®

Aetna Navigator is also your gateway to IntelliHealth, an award-winning site that provides in-depth health information plus wellness and fitness tips. IntelliHealth is offered in association with Harvard Medical School and the University of Pennsylvania School of Dental Medicine.

New services and features are constantly being developed that will help you manage your health. Check out Aetna Navigator today!

Enrollment Instructions

During Open Season

If you are currently enrolled in the plan, your coverage will automatically continue. There is no need to re-enroll at this time. However, if you wish to make a change for 2004, please see your supporting Human Resources Office for detailed instructions. If you are enrolling for the first time, please follow the enrollment instructions provided by your supporting Human Resources Office. Remember to enroll by the deadline.

New Employees

New employees must enroll in order to have coverage under the Department of Defense NAF Health Benefits Program. Otherwise, you will need to wait for the next Open Enrollment Season to enroll in the plan, unless you have a valid Family Status Change (such as a marriage, divorce, birth or adoption).

To enroll, please follow the enrollment instructions provided by your supporting Human Resources Office.

Coverage for Newborns

Important! During the first 31 days, your newborn is automatically covered under your medical plan. However, you must enroll your newborn child within 31 days of birth for coverage to continue. Please contact your supporting Human Resources Office for enrollment instructions.

